

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD 262 (REV. 10/92)

CLAIMANT'S NAME John Cruz		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
POSITION Appointments Secretary		CB/ID NUMBER	DIVISION OR BUREAU		INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 1350 Front Street, Suite 6054		TELEPHONE NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
			San Diego	California	92101

MONTH/YEAR 6/10	DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
					BREAKFAST	LUNCH	DINNER				CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
	6.1.10	9:35AM	OC to SAC	134.93					164.70		36.85	0.00		336.48
	6.2.10		SAC	134.93		10.00		6.00				0.00		150.93
	6.3.10	6:25 PM	SAC to OC			10.00		6.00	164.70		86.66	0.00		267.36
												0.00		0.00
	6.7.10	8:45PM	OC to S.F.	158.05					156.70			0.00		314.75
	6.8.10	6:55PM	SJC to BUR			10.00			218.28		49.16	0.00	20.34	297.78
												0.00		0.00
	6.15.10	7:30AM	OC to SAC	134.93		7.20	16.05		164.70		36.74	0.00		359.62
	6.16.10		SAC	134.93		10.00	15.55	6.00				0.00		31.55
	6.17.10	6:25PM	SAC to OC	134.93				6.00	164.70		86.77	0.00		392.40
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS				697.77	0.00	47.20	31.60	24.00	1,033.78	0.00	296.18	0	0.00	20.34
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$2,150.87	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

6.1.10-6.3.10 = meetings with staff and stakeholders, appointment interviews

6.7.10-6.8.10 = represented Governor's Office on speaker panel

6.15.10-6.17.10 = meetings with staff and potential appointees, presentation to stakeholder group

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

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CLAIMANT

DATE

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

SIGNATURE OF TITLE OF AUTHORITY FOR STATE

DATE